TRICARE ENCOUNTER DATA (TED)

Chapter 2 Section 8.1

	VAL	IDITY E D	TS
	REFER TO CHAPTER 2, SECTION 2.	.3.	
	RELAT	IONAL E	DITS
0-025-01F	BATCH/VOUCHER ASAP ACCO CHECK	UNT NI	JMBER VALIDATION - ACCRUAL FUND
	IF ANY OCCURRENCE OF OVERRIDE CODE =	H1	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER ASAP NUMBER, CONTRACTOR ERROR OR
		H2	BENEFIT PAYMENT USING INCORRECT BATCH/VOUCHER ASAP NUMBER GOVERNMENT CAUSED ERROR
	OR CONTRACT NUMBER =	MDA90	06-03-C-0015 (TDEFIC)
	THEN BYPASS THIS EDIT		
	ELSE IF OTHER GOVERNMENT PROGRAM TYPE CODE =	A	MEDICARE PART A OR
		С	MEDICARE PART A & B
	AND HEALTH CARE DELIVERY PROGRAM PLAN COVERAGE CODE =	005	TRICARE STANDARD FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS OR
		010	TRICARE STANDARD FOR TRANSITIONAL SURVIVORS OF ACTIVE DUTY DECEASED SPONSOR OR
		015	TRICARE STANDARD FOR TRANSITIONAL SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS OR
		017	TRICARE STANDARD FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS OR
		020	TFL FOR TRANSITIONAL SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS OR
		021	TFL FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS OR
		022	TFL FOR TRANSITIONAL SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS OR
		023	TFL FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS OR

CHAPTER 2, SECTION 8.1

ELEMENT NAME: BATCH/VOUCHER ASAP	ACCOUNT N	UMBER (0-025) (CONTINUED)
	110	TRICARE PRIME FOR INDIVIDUAL COVERAGE FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS OR
	111	TRICARE PRIME FAMILY COVERAGE FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS OR
	131	TRICARE PRIME INDIVIDUAL COVERAGE FOR TRANSITIONAL SURVIVORS OF ACTIV DUTY DECEASED SPONSORS OR
	132	TRICARE PRIME FAMILY COVERAGE FOR TRANSITIONAL SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS OR
	134	TRICARE PRIME INDIVIDUAL COVERAGE FOR TRANSITIONAL SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS OR
	135	TRICARE PRIME FAMILY COVERAGE FOR TRANSITIONAL SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS OR
	136	TRICARE PRIME INDIVIDUAL COVERAGE FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS OR
	137	TRICARE PRIME FAMILY COVERAGE FOR SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS OR
	141	TRICARE PLUS COVERAGE FOR TRANSITIONAL SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS OR
	142	TRICARE PLUS WITH CHC COVERAGE FOR TRANSITIONAL SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS OR
	143	TRICARE PLUS COVERAGE FOR SURVIVO OF ACTIVE DUTY DECEASED SPONSORS O
	144	TRICARE PLUS WITH CHC COVERAGE FOR SURVIVORS OF ACTIVE DUTY DECEASED SPONSORS OR
	147	TRICARE PLUS WITH CHC COVERAGE FO TRANSITIONAL SURVIVORS OF GUARD/ RESERVE DECEASED SPONSORS OR
	148	TRICARE PLUS COVERAGE FOR SURVIVO OF GUARD/RESERVE DECEASED SPONSO OR
	149	TRICARE PLUS COVERAGE WITH CHC FO. SURVIVORS OF GUARD/RESERVE DECEASED SPONSORS OR
	151	TRICARE PLUS COVERAGE FOR SURVIVO OF GUARD/RESERVE DECEASED SPONSO
OR HEALTH CARE COVERAGE MEMBER CATEGORY CODE =	F	FORMER MEMBER OR

ELEMENT N	AME: BATCH/VOUCHER ASAP ACC	COUNT N	UMBER (0-025) (CONTINUED)
		Н	MEDAL OF HONOR RECIPIENT OR
		R	RETIRED MILITARY MEMBER ELIGIBLE FOI RETIRED PAY OR
		W	FORMER SPOUSE
			ACCOUNT NUMBER APPROPRIATION TYPE E MUST = TRUST/ACCRUAL FUND
0-025-02F	NON-FINANCIALLY UNDERW NUMBER VALIDATION - NOR'		BATCH/VOUCHER ASAP ACCOUNT TRACT
	IF ANY OCCURRENCE OF OVERRIDE CODE =	H1	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER ASAP NUMBER, CONTRACTOR ERROR OR
		H2	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER ASAP NUMBER, GOVERNMENT CAUSED ERROR
	THEN BYPASS THIS EDIT		
	ELSE IF CONTRACT NUMBER =	MDA9	06-03-C-0011 (NORTH)
	AND BATCH/VOUCHER ASAI TMA DATABASE = TRICARE D		INT NUMBER ASAP DESCRIPTION FOUND IN
	THEN ANY OCCURRENCE OF SPECIAL PROCESSING	CI.	
	CODE MUST =	CL	CLINICAL TRIALS
	OR HCC MEMBER CATEGORY CODE MUST =	A	ACTIVE DUTY OR
		G	NATIONAL GUARD > 30 DAYS OR
		J	ACADEMY STUDENT OR
		N	NATIONAL GUARD < 30 DAYS OR
		S	RESERVE > 30 DAYS OR
		T	FOREIGN MILITARY MEMBER OR
		V	RESERVE < 30 DAYS
	AND HCC MEMBER RELATIONSHIP CODE	<u> </u>	14024012 000 2000
	MUST =	A	SELF
0-025-03F	NON-FINANCIALLY UNDERW NUMBER VALIDATION - SOUT		BATCH/VOUCHER ASAP ACCOUNT FRACT
	IF ANY OCCURRENCE OF		DELVER DANG (EVEN A DE VICE
	OVERRIDE CODE =	H1	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER ASAP NUMBER, CONTRACTOR ERROR OR
		H2	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER ASAP NUMBER, GOVERNMENT CAUSED ERROR
	THEN BYPASS THIS EDIT		
	ELSE IF CONTRACT NUMBER =	MDA9	06-03-C-0010 (SOUTH)

CHAPTER 2, SECTION 8.1

ELEMENT NAI	ME: BATCH/VOUCHER ASAP ACC	OUNT N	UMBER (0-025) (CONTINUED)			
	AND BATCH/VOUCHER ASAI TMA DATABASE = TRICARE D		INT NUMBER ASAP DESCRIPTION FOUND IN C OR TRICARE FOREIGN			
	THEN ENROLLMENT					
	CODE/HEALTH PLAN CODE MUST =	Y	CHCBP - STANDARD OR			
	CODE WICOT =	AA	CHCBP - EXTRA			
	OR ANY OCCURRENCE		CHEDI - EXTRA			
	OF SPECIAL					
	PROCESSING CODE					
	MUST =	CL	CLINICAL TRIALS			
	OR HCC MEMBER CATEGORY CODE					
	MUST =	A	ACTIVE DUTY OR			
		G	NATIONAL GUARD > 30 DAYS OR			
		I	ACADEMY STUDENT OR			
		N	NATIONAL GUARD < 30 DAYS OR			
		S	RESERVE > 30 DAYS OR			
		T	FOREIGN MILITARY MEMBER OR			
		V	RESERVE < 30 DAYS			
	AND HCC MEMBER					
	RELATIONSHIP CODE					
	MUST =	A	SELF			
0-025-04F	NON-FINANCIALLY UNDERWINDERWIND NUMBER VALIDATION - WEST		BATCH/VOUCHER ASAP ACCOUNT			
	IF ANY OCCURRENCE OF		urer			
	OVERRIDE CODE =	H1	BENEFIT PAYMENT MADE USING			
			INCORRECT BATCH/VOUCHER ASAP			
		110	NUMBER, CONTRACTOR ERROR OR			
		H2	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER ASAP			
			NUMBER, GOVERNMENT CAUSED ERROR			
	THEN BYPASS THIS EDIT					
	ELSE IF CONTRACT	ONTRACT				
	NUMBER =	MDA90	06-03-C-0009 (WEST)			
	AND BATCH/VOUCHER ASAI TMA DATABASE = TRICARE D		INT NUMBER ASAP DESCRIPTION FOUND IN			
	THEN ANY OCCURRENCE					
	OF SPECIAL PROCESSING CODE MUST =	CL	CLINICAL TRIALS			
	OR PATIENT ZIP CODE					
	OR HCC MEMBER	IJ II V AL.				
	CATEGORY CODE					
	MUST =	A	ACTIVE DUTY OR			
		G	NATIONAL GUARD > 30 DAYS OR			
		J	ACADEMY STUDENT OR			
		N	NATIONAL GUARD < 30 DAYS OR			

ELEMENT NAME: BATCH/VOUCHER ASAP ACCOUNT NUMBER (0-025) (CONTINUED)			
		T	FOREIGN MILITARY MEMBER OR
		V	RESERVE < 30 DAYS
	AND HCC MEMBER RELATIONSHIP CODE MUST =	A	SELF

CHAPTER 2, SECTION 8.1

ELEMENT N	AME:	SERVICE BRANCH CLASSIFICA		, , ,		
		Vali	DITY E D	ITS		
	REF	FER TO CHAPTER 2, SECTION 5.				
		RELATI	ONAL E	DITS		
1-060-01F	• F	• FOREIGN EDITS [ACTIVE DUTY SERVICE MEMBER]				
		NY OCCURRENCE OF ERRIDE CODE =	H1	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER ASAP NUMBER, CONTRACTOR ERROR OR		
			H2	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER ASAP NUMBER, GOVERNMENT CAUSED ERROR		
		THEN BYPASS THIS EDIT				
		E IF HEADER TYPE DICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE OR		
			6	VOUCHER HEADER ADMIN CLAIM RATE- ELIGIBLE		
		AND ENROLLMENT/HEALTH				
		PLAN CODE =	X	FOREIGN ADSM		
		AND TYPE OF SUBMISSION ≠	В	ADJUSTMENT TO NON-TED RECORD (HCS. DATA OR		
			Е	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA		
		THEN BATCH/VOUCHER A TMA DATABASE MUST = TF		COUNT NUMBER ASAP DESCRIPTION IN THE		
		AND SERVICE BRANCH CLASSIFICATION CODE				
		(SPONSOR) MUST =	A	ARMY OR		
			С	COAST GUARD OR		
			F	AIR FORCE OR		
			Н	PUBLIC HEALTH SERVICE OR		
			M	MARINES OR		
			N	NAVY OR		
			0	NOAA OR		
			Z	NOT PROVIDED FROM DEERS		
		AND HCC MEMBER CATEGORY CODE MUST =	A	ACTIVE DUTY OR		
			G	NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR		
			J	ACADEMY STUDENT OR		
			N	NATIONAL GUARD (NOT ON ACTIVE DUT OR ON ACTIVE DUTY FOR 30 DAYS OR LES OR		

ELEMENT N	AME: SERVICE BRANCH CLASSIFICAT	TION C	ODE (SPONSOR) (1-060) (CONTINUED)
		S	RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR
		T	FOREIGN MILITARY MEMBER OR
		V	RESERVE MEMBER (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS
	AND HCC MEMBER RELATIONSHIP CODE		
	MUST =	A	SELF
1-060-02F	• TPR FOREIGN EDITS [ACTIVE D	UTY SI	ERVICE MEMBER]
	IF ANY OCCURRENCE OF OVERRIDE CODE =	H1	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER ASAP NUMBER, CONTRACTOR ERROR OR
		H2	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER ASAP NUMBER, GOVERNMENT CAUSED ERROR
	THEN BYPASS THIS EDIT		
	ELSE IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE OR
		6	VOUCHER HEADER ADMIN CLAIM RATE- ELIGIBLE
	AND ENROLLMENT/HEALTH PLAN CODE =	WA	TPR FOREIGN ADSM
	AND TYPE OF SUBMISSION ≠	В	ADJUSTMENT TO NON-TED RECORD (HCSR DATA OR
		Е	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
	THEN BATCH/VOUCHER AS TMA DATABASE MUST = TRI		COUNT NUMBER ASAP DESCRIPTION IN THI FOREIGN
	AND SERVICE BRANCH CLASSIFICATION CODE	A	ARMY OR
	(SPONSOR) MUST =	A	
		C F	COAST GUARD OR AIR FORCE OR
		<u>г</u> Н	PUBLIC HEALTH SERVICE OR
			MARINES OR
		M N	NAVY OR
			NOAA OR
		O Z	NOT PROVIDED FROM DEERS
	AND HCC MEMBER CATEGORY CODE		
	MUST =	Α	ACTIVE DUTY OR

CHAPTER 2, SECTION 8.1

NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR ACADEMY STUDENT OR RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) SELF E DUTY SERVICE MEMBER]
RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) SELF
ACTIVE DUTY FOR 31 DAYS OR MORE) SELF
E DUTY SERVICE MEMBER]
L DOTT SERVICE MEMBERS
VOUCHER HEADER NON-ADMIN CLAIM
RATE-ELIGIBLE OR
VOUCHER HEADER ADMIN CLAIM RATE- ELIGIBLE
TPR ADSM - USA
ADSM ENROLLED IN TPR
ADJUSTMENT TO NON-TED RECORD (HCSI DATA OR
COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
ARMY OR
COAST GUARD OR
AIR FORCE OR
PUBLIC HEALTH SERVICE OR
MARINES OR
NAVY OR
NOAA OR
NOT PROVIDED FROM DEERS
ACTIVE DUTY OR
NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR
ACADEMY STUDENT OR
RESERVE MEMBER (MOBILIZED OR ON
ACTIVE DUTY FOR 31 DAYS OR MORE)

ELEMENT NA	ME: SERVICE BRANCH CLASSIFICAT	ION C	ODE (SPONSOR) (1-060) (CONTINUED)
1-060-16F	• TFL [RETIREE AND FAMILY MEM	(BER	
	IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE OR
		6	VOUCHER HEADER ADMIN CLAIM RATE- ELIGIBLE
	AND ENROLLMENT/HEALTH		
	PLAN CODE =	FE	TFL - EXTRA OR
		FS	TFL - STANDARD
	OR ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	R	MEDICARE/TRICARE DUAL ENTITLEMENT FIRST PAYOR OR
		T	MEDICARE/TRICARE DUAL ENTITLEMENT SECOND PAYOR OR
		RS	MEDICARE/TRICARE DUAL ENTITLEMENT FIRST PAYOR NO TRICARE PROVIDER CERTIFICATION
	AND HCC MEMBER CATEGORY CODE ≠	A	ACTIVE DUTY OR
		G	NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR
		J	ACADEMY STUDENT OR
		N	NATIONAL GUARD (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS OR
		S	RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 30 DAYS OR MORE) OR
		T	FOREIGN MILITARY MEMBER OR
		V	RESERVE MEMBER (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS
	AND TYPE OF SUBMISSION ≠	В	ADJUSTMENT TO NON-TED RECORD (HCSR DATA OR
		Е	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
	THEN SERVICE BRANCH CLASSIFICATION CODE		
	(SPONSOR) MUST =	A	ARMY OR
		С	COAST GUARD OR
		F	AIR FORCE OR
		Н	PUBLIC HEALTH SERVICE OR
		M	MARINES OR
		N	NAVY OR
		O	NOAA OR
		Z	NOT PROVIDED FROM DEERS

CHAPTER 2, SECTION 8.1

ELEMENT NAME: SERVICE BRANCH CLASSIFICATI	ION C	CODE (SPONSOR) (1-060) (CONTINUED)
AND HCC MEMBER		
CATEGORY CODE	F	FORMER MEMBER (BECERVE CERVICE) OR
MUST =	F	FORMER MEMBER (RESERVE SERVICE) OR
	H	MEDAL OF HONOR RECIPIENT OR
	R	RETIRED MILITARY MEMBER ELIGIBLE FO RETIRED PAY OR
	W	FORMER SPOUSE
AND OTHER GOVERNMENT PROGRAM TYPE CODE		
MUST =	C	MEDICARE PART A & B
1-060-18F • SHCP VOUCHER (ADSM CLAIMS	S ONL	Y)
IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE OR
	6	VOUCHER HEADER ADMIN CLAIM RATE- ELIGIBLE
AND ENROLLMENT/HEALTH		
PLAN CODE =	SN	SHCP - NON-MTF REFERRED OR
	SO	SHCP - NON-TRICARE ELIGIBLE OR
	ST	SHCP - TRICARE ELIGIBLE
OR ANY OCCURRENCE OF SPECIAL PROCESSING		
CODE =	AN	SHCP - NON-REFERRED CARE OR
	CE	SHCP - COMPREHENSIVE CLINICAL EVALUATION PROGRAM OR
	SC	SHCP - NON-TRICARE ELIGIBLE OR
	SE	SHCP - TRICARE ELIGIBLE OR
	SM	SHCP - EMERGENCY
AND TYPE OF SUBMISSION ≠	В	ADJUSTMENT TO NON-TED RECORD (HCS DATA OR
	Е	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
THEN SERVICE BRANCH CLASSIFICATION CODE		
(SPONSOR) MUST =	A	ARMY OR
	С	COAST GUARD OR
	F	AIR FORCE OR
	Н	PUBLIC HEALTH SERVICE OR
	M	MARINES OR
	N	NAVY OR
	О	NOAA OR
	Z	NOT PROVIDED FROM DEERS

	AND HCC MEMBER		ODE (SPONSOR) (1-060) (CONTINUED)
	CATEGORY CODE		
	MUST =	A	ACTIVE DUTY OR
		G	NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR
		J	ACADEMY STUDENT OR
		N	NATIONAL GUARD (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS) OR
		S	RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR
		T	FOREIGN MILITARY MEMBER OR
		V	RESERVE MEMBER (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS)
	AND HCC MEMBER RELATIONSHIP CODE		
	MUST =	Α	SELF
1-060-19F	TPR ADFM INTERIM HELDER TROPE IN TOLER TOP		VOLUMED THE VEED YOU.
	IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE OR
		6	VOUCHER HEADER ADMIN CLAIM RATE- ELIGIBLE
	AND ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	GF	TPR FOR ELIGIBLE ADFM RESIDING WITH A TPR ELIGIBLE ADSM OR
	AND TYPE OF SUBMISSION ≠	В	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR
		Е	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
	THEN SERVICE BRANCH CLASSIFICATION CODE		
	MUST =	A	ARMY OR
		С	COAST GUARD OR
		F	AIR FORCE OR
		Н	PUBLIC HEALTH SERVICE OR
		M	MARINES OR
		N	NAVY OR
		О	NOAA OR
		Z	NOT PROVIDED FROM DEERS
	AND HCC MEMBER CATEGORY CODE		
	MUST =	A	ACTIVE DUTY OR
		G	NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR

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VOUCHER COST ALLOCATION EDIT REQUIREMENTS

ELEMENT NAME:	SERVICE BRANCH CLASSIFICAT	ION C	CODE (SPONSOR) (1-060) (CONTINUED)
		J	ACADEMY STUDENT OR
		S	RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE)
	AND HCC MEMBER RELATIONSHIP CODE		
	MUST =	В	SPOUSE OR
		C	CHILD OR STEPCHILD OR
		D	WARD (NOT COURT ORDERED) OR
		E	WARD (COURT ORDERED)
1-060-20F • T	IFL [ACTIVE DUTY FAMILY MI	EMBER	R]
IF H	EADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE OR
		6	VOUCHER HEADER ADMIN CLAIM RATE- ELIGIBLE
	AND ENROLLMENT/HEALTH		
F	PLAN CODE =	FE	TFL - EXTRA OR
		FS	TFL - STANDARD
	OR ANY OCCURRENCE OF SPECIAL PROCESSING		
	CODE =	R	MEDICARE/TRICARE DUAL ENTITLEMENT FIRST PAYOR OR
		T	MEDICARE/TRICARE DUAL ENTITLEMENT SECOND PAYOR OR
		RS	MEDICARE/TRICARE DUAL ENTITLEMENT FIRST PAYOR NO TRICARE PROVIDER CERTIFICATION
	AND HCC MEMBER CATEGORY CODE =	A	ACTIVE DUTY OR
		G	NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR
		J	ACADEMY STUDENT OR
		N	NATIONAL GUARD (NOT ON ACTIVE DUT' OR ON ACTIVE DUTY FOR 30 DAYS OR LESS OR
		S	RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR
		T	FOREIGN MILITARY MEMBER OR
		V	RESERVE MEMBER (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS
A	AND TYPE OF SUBMISSION ≠	В	ADJUSTMENT TO NON-TED RECORD (HCSF DATA OR
		Е	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA

CHAPTER 2, SECTION 8.1

ELEMENT NA	ME: SERVICE BRANCH CLASSIFICAT	гои С	CODE (SPONSOR) (1-060) (CONTINUED)
	THEN SERVICE BRANCH		
	CLASSIFICATION CODE (SPONSOR) MUST =	A	ARMY OR
	(51 61 (56 K) 1416 51 =		COAST GUARD OR
		F	AIR FORCE OR
		H	PUBLIC HEALTH SERVICE OR
		M	MARINES OR
		N	NAVY OR
		0	NOAA OR
		Z	NOT PROVIDED FROM DEERS
	AND HCC MEMBER RELATIONSHIP CODE		
	MUST ≠	A	SELF
	AND OTHER GOVERNMENT PROGRAM TYPE CODE		
	MUST =	A	MEDICARE PART A OR
		С	MEDICARE PART A & B
1-060-23F	CONUS NON-FINANCIALLY UI	NDERV	VRITTEN BANK ACCOUNT VALIDATION
	IF ANY OCCURRENCE OF		
	OVERRIDE CODE =	H1	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER ASAP NUMBER, CONTRACTOR ERROR OR
		H2	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER ASAP NUMBER, GOVERNMENT CAUSED ERROR
	THEN BYPASS THIS EDIT		
	ELSE IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE OR
		6	VOUCHER HEADER ADMIN CLAIM RATE- ELIGIBLE
	AND TYPE OF SUBMISSION ≠	В	ADJUSTMENT TO NON-TED RECORD (HCSR DATA OR
		Е	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
	AND ANY OCCURRENCE OF		
	SPECIAL PROCESSING CODE =	V	FINANCIALLY UNDERWRITTEN PAYMENT BY CLAIMS PROCESSOR
	THEN BATCH/VOUCHER ASAP ACCOUNT NUMBER ASAP DESCRIPTION FOUND IN THE TMA		
	DATABASE MUST ≠		ARMY SHCP CLIN OR

CHAPTER 2, SECTION 8.1

			CODE (SPONSOR) (1-060) (CONTINUED) AIR FORCE SHCP CLIN OR
			NAVY SHCP CLIN OR
			TRICARE DOMESTIC ASAP OR
			TRICARE FOREIGN ASAP
			TRICARE FOREIGN ASAP
1-060-26F	FOREIGN ADFM		
	IF ANY OCCURRENCE OF		
	OVERRIDE CODE =	H1	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER ASAP NUMBER, CONTRACTOR ERROR OR
		H2	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER ASAP NUMBER, GOVERNMENT CAUSED ERROR
	THEN BYPASS THIS EDIT		
	ELSE IF HEADER TYPE		
	INDICATOR =	5	NON-CLAIM RATE VOUCHER OR
		6	CLAIM RATE VOUCHER
	AND ENROLLMENT CODE/ HEALTH PLAN CODE =	XF	FOREIGN ADFM
	AND TYPE OF SUBMISSION ≠	В	ADJUSTMENT TO NON-TED RECORD OR
		Е	COMPLETE CANCELLATION NON-TED RECORD
	THEN BATCH/VOUCHER AS IN THE TMA DATABASE MU		COUNT NUMBER ASAP DESCRIPTION FOUN RICARE FOREIGN
	AND SERVICE BRANCH CLASSIFICATION CODE		
	MUST =	A	ARMY OR
		C	COAST GUARD OR
		F	AIR FORCE OR
		Н	PUBLIC HEALTH SERVICE OR
		M	MARINES OR
		N	NAVY OR
		O	NOAA OR
		Z	UNKNOWN
	AND HCC MEMBER CATEGORY CODE		
	MUST =	A	ACTIVE DUTY OR
		G	NATIONAL GUARD > 30 DAYS OR
		J	ACADEMY STUDENT OR
		N	NATIONAL GUARD > 30 DAYS OR
		S	RESERVE > 30 DAYS OR
		T	FOREIGN MILITARY MEMBER OR
		V	RESERVE < 30 DAYS

ELEMENT N			ODE (SPONSOR) (1-060) (CONTINUED)
	AND HCC MEMBEI RELATIONSHIP CO		
	MUST ≠	A	SELF
1-060-27F	TPR FOREIGN EDITS (AD	OFM)	
	IF ANY OCCURRENCE OF		
	OVERRIDE CODE =	H1	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER ASAP NUMBER, CONTRACTOR ERROR OR
		H2	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER ASAP NUMBER, GOVERNMENT CAUSED ERROR
	THEN BYPASS THIS EDIT		
	ELSE IF HEADER TYPE INDICATOR =	5	NON-CLAIM RATE VOUCHER OR
		6	CLAIM RATE VOUCHER
	AND ENROLLMENT COD HEALTH PLAN CODE =	E/ WO	TPR FOREIGN ADFM
	AND TYPE OF SUBMISSIO	N≠ B	ADJUSTMENT TO NON-TED RECORD OR
		E	COMPLETE CANCELLATION NON-TED RECORD
	THEN BATCH/VOUCH IN THE TMA DATABAS		COUNT NUMBER ASAP DESCRIPTION FOUNE RICARE FOREIGN
	AND SERVICE BRA		
	CLASSIFICATION C MUST =	CODE A	ARMY OR
		С	COAST GUARD OR
		F	AIR FORCE OR
		Н	PUBLIC HEALTH SERVICE OR
		M	MARINES OR
		N	NAVY OR
		O	NOAA OR
		Z	UNKNOWN
	AND HCC MEMBEI CATEGORY CODE	3	
	MUST =	A	ACTIVE DUTY OR
		G	NATIONAL GUARD > 30 DAYS OR
		J	ACADEMY STUDENT OR
		S	RESERVE > 30 DAYS
	AND HCC MEMBEI RELATIONSHIP CO	DE	CROLLET OR
	MUST =	В	SPOUSE OR
		С	CHILD OR
		D	PRE-ADOPTIVE CHILD OR
		E	WARD

CHAPTER 2, SECTION 8.1

ELEMENT N	AME: SERVICE BRANCH CLAS	SSIFICATION C	CODE (SPONSOR) (1-060) (CONTINUED)
1-060-28F	 NAVY LINE OF DUTY CI 	LAIMS	
	IF ANY OCCURRENCE OF OVERRIDE CODE =	H1	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER ASAP NUMBER, CONTRACTOR ERROR OR
		H2	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER ASAP NUMBER, GOVERNMENT CAUSED ERROI
	THEN BYPASS THIS EDIT	•	
	ELSE IF HEADER TYPE		
	INDICATOR =	5	NON-CLAIM RATE VOUCHER OR
		6	CLAIM RATE VOUCHER
	AND CONTRACTOR NUMBER =	MDA9	06-03-C-0010 (SOUTH)
	AND BATCH/VOUCHER	ASAP ACCOU	JNT NUMBER POSITION 8 = 5
	THEN BRANCH CLASSIFICATION COI	DE	
	MUST =	N	NAVY OR
		Z	UNKNOWN
1-060-29F	 MARINE LINE OF DUTY 	CLAIMS	
	IF ANY OCCURRENCE OF OVERRIDE CODE =	H1	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER ASAP NUMBER, CONTRACTOR ERROR OR
		H2	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER ASAP NUMBER, GOVERNMENT CAUSED ERROI
	THEN BYPASS THIS EDIT	1	
	ELSE IF HEADER TYPE INDICATOR =	5	NON-CLAIM RATE VOUCHER OR
		6	CLAIM RATE VOUCHER
	AND CONTRACTOR NUMBER =	MDA9	06-03-C-0010 (SOUTH)
	AND BATCH/VOUCHER	ASAP ACCOU	JNT NUMBER POSITION 8 = 6
	THEN BRANCH CLASSIFICATION COI MUST =	DE M	MARINE OR
	141001 -	171	MI IMINE OR
		Z	UNKNOWN

CHAPTER 2, SECTION 8.1

VOUCHER COST ALLOCATION EDIT REQUIREMENTS

ELEMENT NAME: AGR SERVICE LEGAL AUTHORITY CODE (1-065)

VALIDITY EDITS

REFER TO CHAPTER 2, SECTION 5.3.

	REFER TO CHAPTER 2, SECTION 5.3.		•	
Relational Edits				
1-065-01F	IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE OR	
		6	VOUCHER HEADER ADMIN CLAIM RATE- ELIGIBLE	
	AND HCC MEMBER			
	CATEGORY CODE =	G	NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE)	
	AND TYPE OF SUBMISSION ≠	В	ADJUSTMENT NON-TED RECORD (HCSR) DATA OR	
		Е	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA	
	THEN AGR SERVICE LEGAL AUTHORITY CODE			
	MUST =	A	AGR UNDER 10 U.S.C. 10301 (REFERENCE (B)) OR	
		В	AGR UNDER 10 U.S.C. 10211 (REFERENCE (B)) OR	
		С	AGR UNDER 10 U.S.C. 12301(D) (REFERENCE (B)) OR	
		D	AGR UNDER 10 U.S.C. 12310 (REFERENCE (B)) OR	
		Е	AGR UNDER 10 U.S.C. 12501 (REFERENCE (B)) OR	
		F	AGR UNDER 10 U.S.C. 3015/301938019 (REFERENCE (B)) OR	
		G	AGR UNDER 10 U.S.C. 3033/8033 (REFERENCE (B)) OR	
		Н	AGR UNDER 10 U.S.C. 3496/8496 (REFERENCE (B)) OR	
		I	AGR: 14 U.S.C. 276 OR	
		J	AGR UNDER 32 U.S.C. 502(F) (REFERENCE (M)) OR	
		K	AGR UNDER 32 U.S.C. 503 (REFERENCE (M)) OR	
		L	AGR UNDER 32 U.S.C. 708 (REFERENCE (M)) OR	
		Х	AGR: OTHER OR	
		Z	UNKNOWN/NOT APPLICABLE	

CHAPTER 2, SECTION 8.1

	VALIDITY EDITS				
	REFER TO CHAPTER 2, SECTION 5.3.				
	RELATIONAL EDITS				
1-283-02F	NO DUPLICATE CLINS ON TED RECORD				
	IF HEADER TYPE INDICATOR = 6 VOUCHER HEADER (USED ONLY FOR INSTITUTIONAL/NON-INSTITUTIONAL NON-FINANCIALLY UNDERWRITTEN ADMIN CLAIM RATE ELIGIBLE TED RECORDS) OR				
	9 BATCH HEADER (INSTITUTIONAL/NON- INSTITUTIONAL FINANCIALLY UNDERWRITTEN ADMIN CLAIM RATE ELIGIBLE TED RECORDS)				
	THEN ANY OCCURRENCE OF ADMINISTRATIVE CLIN (POSITIONS 3-6) MUST HAV NO DUPLICATE IN ANY OCCURRENCES (DUPLICATE BLANK ADMINISTRATIVE CLIN OCCURRENCES ARE ALLOWED)				
1-283-08F	OPTION PERIOD				
	IF HEADER TYPE INDICATOR = 6 CLAIM RATE VOUCHER OR				
	9 CLAIM RATE BATCH				
	AND CLIN FIELD ON TED RECORD NOT = BLANK				
	AND NET MASTER VALUE OF DERIVED ADMIN CLAIM COUNT FIELD = 0				
	AND TYPE OF SUBMISSION = A ADJUSTMENT				
	THEN THE CLIN MUST BE VALID IN THE CURRENT OR PRIOR OPTION PERIOD FOR THAT CLIN ON THE TMA DATABASE				
	ELSE THE CLIN MUST BE VALID IN THE CURRENT OPTION PERIOD FOR THAT CLIN OF THE TMA DATABASE				
1-283-09F	CLIN MATCHES APPROPRIATION TYPE				
	IF HEADER TYPE INDICATOR = 6 CLAIM RATE VOUCHER OR				
	9 CLAIM RATE BATCH				
	AND CLIN FIELD ON TED RECORD NOT = BLANK				
	AND NET MASTER VALUE OF DERIVED ADMIN CLAIM COUNT FIELD = 0				
	AND TYPE OF SUBMISSION = A ADJUSTMENT				
	THEN IF THE CLIN IS VALID FOR THE CURRENT OR PRIOR OPTION PERIOD IN THE TMA DATABASE				
	THE APPROPRIATION ASSOCIATED WITH THE ADMINISTRATIVE CLIN CLAIM ON THE TED RECORD MUST MATCH THE APPROPRIATION ASSOCIATED WITI THE BATCH/VOUCHER ASAP NUMBER ASSIGNED BY TMA/CRM AND USED IT THE VOUCHER HEADER.				
	ELSE IF THE CLIN IS VALID FOR THE CURRENT OPTION PERIOD IN THE TMA DATABASE				
PERFORMA	RATIVE CLIN EDIT ERRORS ARE NOT COUNTED AGAINST THE CONTRACTORS NCE STANDARDS. THE EDITS ARE DESIGNED TO INFORM THE CONTRACTOR WHE OR ADMINISTRATIVE PAYMENT HAS BEEN DENIED BY TMA, CRM AND HOW TO				

CHAPTER 2, SECTION 8.1

VOUCHER COST ALLOCATION EDIT REQUIREMENTS

	ME: ADMINISTRATIVE CLIN (1-283)	•	<u> </u>		
	THE TED RECORD MUST MATCH TH	IE AP	H THE ADMINISTRATIVE CLIN CLAIMED ON PROPRIATION ASSOCIATED WITH THE NED BY TMA/CRM AND USED IN THE		
1-283-10F	• CLIN MATCHES APPROPRIATION TYPE				
	IF HEADER TYPE INDICATOR =	6	CLAIM RATE VOUCHER OR		
		9	CLAIM RATE BATCH		
	AND CLIN FIELD ON TED RECOI	RD N C	OT = BLANK		
	AND NET MASTER VALUE OF DI	ERIVE	D ADMIN CLAIM COUNT FIELD = 0		
	AND TYPE OF SUBMISSION =	A	ADJUSTMENT		
	THEN IF THE CLIN IS VALID ITHE TMA DATABASE	FOR T	HE CURRENT OR PRIOR OPTION PERIOD IN		
	THEN THE RATE TYPE FOR THAT CLIN IN THE TMA DATABASE MUST =		SINGLE OR		
	Difficial vicor =		DISPENSING FEE		
	OR IF THE RATE TYPE FOR		DIST ENGING FEE		
	THAT CLIN IN THE TMA DATABASE =		ELECTRONIC		
	THEN THE CLAIM FORM TYPE/EMC INDICATOR ON THE TED RECORD MUST =				
	MOST –	G	ELECTRONIC INSTITUTIONAL CLAIM SUBMISSION OR		
		Н	ELECTRONIC NON-INSTITUTIONAL CLAIM SUBMISSION OR		
		I	ELECTRONIC DRUG CLAIM SUBMISSION		
	OR IF RATE TYPE FOR THAT CLIN IN THE TMA DATABASE =		PAPER		
	THEN THE CLAIM FORM TYPE/EMC INDICATOR ON THE TED RECORD	n	DD FORM 2642 OR		
	MUST =	В			
		C	HCFA FORM 1500 OR		
		F	UB 92 OR		
		J	OTHER		
	OR IF RATE TYPE FOR THAT CLIN IN THE TMA				

ADMINISTRATIVE CLIN EDIT ERRORS ARE NOT COUNTED AGAINST THE CONTRACTORS PERFORMANCE STANDARDS. THE EDITS ARE DESIGNED TO INFORM THE CONTRACTOR WHEN REQUEST FOR ADMINISTRATIVE PAYMENT HAS BEEN DENIED BY TMA, CRM AND HOW TO CORRECT THE ERROR.

CHAPTER 2, SECTION 8.1

ELCE IE THE CLINIC VALID EOD TI	JE CLID	RENT OR PRIOR OPTION PERIOD IN THE TM
DATABASE	TE CUR	RENT OF PRIOR OF HON PERIOD IN THE TM
THEN THE RATE TYPE FOR		
THAT CLIN IN THE TMA		
DATABASE MUST =		SINGLE OR
		DISPENSING FEE
OR IF THE RATE TYPE FOR		
THAT CLIN IN THE TMA		
DATABASE =		ELECTRONIC
THEN THE CLAIM		
FORM TYPE/EMC		
INDICATOR ON THE		
TED RECORD MUST =	G	ELECTRONIC INSTITUTIONAL CLAIM SUBMISSION OR
	Н	ELECTRONIC NON-INSTITUTIONAL CLAIS SUBMISSION OR
	I	ELECTRONIC DRUG CLAIM SUBMISSION
OR IF RATE TYPE FOR THE		
CLIN IN THE TMA		
DATABASE =		PAPER
THEN THE CLAIM		
FORM TYPE/EMC		
INDICATOR ON THE		
TED RECORD MUST =	В	DD FORM 2642 OR
	С	HCFA FOR 1500 OR
	F	UB 92 OR
	J	OTHER
OR IF RATE TYPE FOR		
THAT CLIN IN THE TMA		
DATABASE =		FOREIGN
THEN THE THIRD CHAR THE TED MUST NOT = A		OF THE FILING STATE/COUNTRY CODE ON
ADMINISTRATIVE CLIN EDIT ERRORS ARE NO	тсои	NTED ACAINST THE CONTRACTORS
ADMINISTRATIVE CLIN EDIT ERRORS ARE NO PERFORMANCE STANDARDS. THE EDITS ARE		
REQUEST FOR ADMINISTRATIVE PAYMENT H.		

ELEMENT N			
	Vali	DITY E D	ITS
	REFER TO CHAPTER 2, SECTION 6.	1.	
	RELATI	ONAL E	DITS
2-055-01F	FOREIGN EDITS [ACTIVE DUTY	MEMI	BER]
	IF CONTRACT NUMBER =	MDA 9	006-02-C-0013 (TMOP) OR
		MDA 9	906-03-C-0019 (TRRx)
	OR IF ANY OCCURRENCE OF OVERRIDE CODE =	H1	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER ASAP NUMBER, CONTRACTOR ERROR OR
		H2	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER ASAP NUMBER, GOVERNMENT CAUSED ERROR
	THEN BYPASS THIS EDIT		
	ELSE IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE OR
		6	VOUCHER HEADER ADMIN CLAIM RATE- ELIGIBLE
	AND ENROLLMENT/HEALTH		
	PLAN CODE =	X	FOREIGN ADSM
	AND TYPE OF SUBMISSION ≠	В	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR
		E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
	THEN BATCH/VOUCHER A IN THE TMA DATABASE MU		COUNT NUMBER ASAP DESCRIPTION FOUND RICARE FOREIGN
	AND SERVICE BRANCH		
	CLASSIFICATION CODE		
	(SPONSOR) MUST =	A	ARMY OR
		C	COAST GUARD OR
		F	AIR FORCE OR
		H	PUBLIC HEALTH SERVICE OR MARINES OR
		M	
		N	NAVY OR
		O Z	NOAA OR NOT PROVIDED FROM DEERS
		L	MOT I KOAIDED LYOM DEEKS
	AND HCC MEMBER CATEGORY CODE		
	MUST =	A	ACTIVE DUTY OR
		G	NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR
		Ţ	ACADEMY STUDENT OR

CHAPTER 2, SECTION 8.1

ELEMENT NA	AME: SERVICE BRANCH CLASSIFICA	TION C	ODE (SPONSOR) (2-055) (CONTINUED)
		N	NATIONAL GUARD (NOT ON ACTIVE DUT OR ON ACTIVE DUTY FOR 30 DAYS OR LESS OR
		S	RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR
		T	FOREIGN MILITARY MEMBER OR
		V	RESERVE MEMBER (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS
	AND HCC MEMBER RELATIONSHIP CODE MUST =	A	SELF
2-055-02F	• TPR FOREIGN EDITS [ACTIVE I	OUTY SI	ERVICE MEMBER]
	IF CONTRACT NUMBER =	MDA 9	06-02-C-0013 (TMOP) OR
		MDA 9	06-03-C-0019 (TRRx)
	OR IF ANY OCCURRENCE OF OVERRIDE CODE =	H1	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER ASAP NUMBER, CONTRACTOR ERROR OR
		H2	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER ASAP NUMBER, GOVERNMENT CAUSED ERROR
	THEN BYPASS THIS EDIT		
	ELSE IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE OR
		6	VOUCHER HEADER ADMIN CLAIM RATE- ELIGIBLE
	AND ENROLLMENT/HEALTH PLAN CODE =	WA	TPR FOREIGN ADSM
	AND TYPE OF SUBMISSION ≠	В	ADJUSTMENT TO NON-TED RECORD (HCSI DATA OR
		Е	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
	THEN BATCH/VOUCHER A IN THE TMA DATABASE MU		COUNT NUMBER ASAP DESCRIPTION FOUN RICARE FOREIGN
	AND SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) MUST =	A	ARMY OR
	(SI OINSON) 1VIOSI =	C	COAST GUARD OR
		F	AIR FORCE OR
		<u>г</u> Н	PUBLIC HEALTH SERVICE OR
		 М	MARINES OR
		N	NAVY OR
		ΙN	INAVI UN
		O	NOAA OR

VOUCHER COST ALLOCATION EDIT REQUIREMENTS

ELEMENT NAM	ME: SERVICE BRANCH CLASSIFICAT	ION C	ODE (SPONSOR) (2-055) (CONTINUED)
	AND HCC MEMBER		
	CATEGORY CODE MUST =	Λ	ACTIVE DUTY OR
	WI051 =	A	ACADEMY STUDENT OR
		J	
		G	NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR
		S	RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE)
	AND HCC MEMBER RELATIONSHIP CODE		
	MUST =	A	SELF
2-055-11F	• TPR [ACTIVE DUTY SERVICE ME	MBER]
	IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE OR
		6	VOUCHER HEADER ADMIN CLAIM RATE- ELIGIBLE
	AND ENROLLMENT/HEALTH PLAN CODE =	W	TPR ADSM - USA
	OR ANY OCCURRENCE OF	VV	II K ADSWI - USA
	SPECIAL PROCESSING		
	CODE =	GU	ADSM ENROLLED IN TPR
	AND TYPE OF SUBMISSION ≠	В	ADJUSTMENT TO NON-TED RECORD (HCSR DATA OR
		Е	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
	THEN SERVICE BRANCH		
	CLASSIFICATION CODE		
	(SPONSOR) MUST =	A	ARMY OR
		С	COAST GUARD OR
		F	AIR FORCE OR
		Н	PUBLIC HEALTH SERVICE OR
		M	MARINES OR
		N	NAVY OR
		О	NOAA OR
		Z	NOT PROVIDED FROM DEERS
	AND HCC MEMBER CATEGORY CODE		A CITILITY OR
	MUST =	A	ACTIVE DUTY OR
		G	NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR
		J	ACADEMY STUDENT OR
		S	RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE)

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CHAPTER 2, SECTION 8.1

ELEMENT NA	ME: SERVICE BRANCH CLASSIFICAT	ION C	CODE (SPONSOR) (2-055) (CONTINUED)
	AND HCC MEMBER		
	RELATIONSHIP CODE MUST =		SELF
2-055-16F	• TRICARE SENIOR PHARMACY (7	A rsr _{v)} [
2-055-101	IF HEADER TYPE INDICATOR =	5 5	VOUCHER HEADER NON-ADMIN CLAIM
	IF HEADER THE INDICATOR =		RATE-ELIGIBLE OR
		6	VOUCHER HEADER ADMIN CLAIM RATE- ELIGIBLE
	AND ENROLLMENT/HEALTH PLAN CODE =	PS	TSRx
	AND HCC MEMBER CATEGORY CODE =	A	ACTIVE DUTY OR
		G	NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR
		J	ACADEMY STUDENT OR
		N	NATIONAL GUARD (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS OR
		S	RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR
		T	FOREIGN MILITARY MEMBER OR
		V	RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE)
	AND TYPE OF SUBMISSION ≠	В	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR
		Е	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
	THEN SERVICE BRANCH CLASSIFICATION CODE		
	(SPONSOR) MUST =	Α	ARMY OR
	,	С	COAST GUARD OR
		F	AIR FORCE OR
		Н	PUBLIC HEALTH SERVICE OR
		M	MARINES OR
		N	NAVY OR
		О	NOAA OR
		Z	NOT PROVIDED FROM DEERS
	AND TYPE OF SERVICE (SECOND POSITION)		
	MUST =	В	RETAIL DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS OR
		M	MAIL ORDER PHARMACY DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS

ELEMENT NA	AME: SERVICE BRANCH CLASSIFICAT	SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (2-055) (CONTINUED)			
	AND HCC MEMBER				
	RELATIONSHIP CODE MUST ≠	٨	SELF		
		A	SELF		
	AND OTHER GOVERNMENT PROGRAM TYPE CODE				
	MUST =	A	MEDICARE PART A OR		
		С	MEDICARE PART A & B		
2-055-17F	• TRICARE SENIOR PHARMACY (T	SRx)	[RETIREE AND FAMILY MEMBER]		
	IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE OR		
		6	VOUCHER HEADER ADMIN CLAIM RATE- ELIGIBLE		
	AND ENROLLMENT/HEALTH				
	PLAN CODE =	PS	TSRx		
	AND HCC MEMBER CATEGORY CODE ≠	A	ACTIVE DUTY OR		
	CATEGORI CODE 7	G	NATIONAL GUARD MEMBER (MOBILIZED		
		J	OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR		
		J	ACADEMY STUDENT OR		
		N	NATIONAL GUARD (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS OR		
		S	RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR		
		T	FOREIGN MILITARY MEMBER OR		
		V	RESERVE MEMBER (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS)		
	AND TYPE OF SUBMISSION ≠	В	ADJUSTMENT TO NON-TED RECORD (HCSR DATA OR		
		Е	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA		
	THEN SERVICE BRANCH CLASSIFICATION CODE				
	(SPONSOR) MUST =	A	ARMY OR		
		С	COAST GUARD OR		
		F	AIR FORCE OR		
		Н	PUBLIC HEALTH SERVICE OR		
		M	MARINES OR		
		N	NAVY OR		
		О	NOAA OR		
		Z	NOT PROVIDED FROM DEERS		

CHAPTER 2, SECTION 8.1

ELEMENT NA	AME: SERVICE BRANCH CLASSIFICAT	ION C	ODE (SPONSOR) (2-055) (CONTINUED)
	AND TYPE OF SERVICE		
	(SECOND POSITION)	Б	DETAIL DDIVO CURPLUS DRECONSTON
	MUST =	В	RETAIL DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS OR
		M	MAIL ORDER PHARMACY DRUGS, SUPPLIES, PRESCRIPTION AUTHORIZATIONS, AND REVIEWS
	AND HCC MEMBER CATEGORY CODE		
	MUST =	F	FORMER MEMBER OR
		Н	MEDAL OF HONOR RECIPIENT OR
		R	RETIRED MILITARY MEMBER ELIGIBLE FOR RETIRED PAY OR
		W	FORMER SPOUSE
	AND OTHER GOVERNMENT PROGRAM TYPE CODE		
	MUST =	A	MEDICARE A OR
		С	MEDICARE A & B
2-055-18F	TFL [RETIREE AND FAMILY MEM.]	IBER]	
	IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE OR
		6	VOUCHER HEADER ADMIN CLAIM RATE- ELIGIBLE
	AND ENROLLMENT/HEALTH		
	PLAN CODE =	FE	TFL - EXTRA OR
		FS	TFL - STANDARD
	OR ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	R	MEDICARE/TRICARE DUAL ENTITLEMENT
			FIRST PAYOR OR
		T	MEDICARE/TRICARE DUAL ENTITLEMENT SECOND PAYOR OR
		RS	MEDICARE/TRICARE DUAL ENTITLEMENT FIRST PAYOR NO TRICARE PROVIDER CERTIFICATION
	AND HCC MEMBER		A CITILLE DI VIII A D
	CATEGORY CODE ≠	A	ACTIVE DUTY OR
		G	NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR
		J	ACADEMY STUDENT OR
		N	NATIONAL GUARD (NOT ON ACTIVE DUT OR ON ACTIVE DUTY FOR 30 DAYS OR LES OR
		S	RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR
		Т	FOREIGN MILITARY MEMBER OR

ELEMENT N	AME: SERVICE BRANCH CLASSIFICAT	ION C	CODE (SPONSOR) (2-055) (CONTINUED)
		V	RESERVE MEMBER (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS)
	AND TYPE OF SUBMISSION ≠	В	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR
		Е	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
	THEN SERVICE BRANCH CLASSIFICATION CODE		
	(SPONSOR) MUST =	A	ARMY OR
		С	COAST GUARD OR
		F	AIR FORCE OR
		Н	PUBLIC HEALTH SERVICE OR
		M	MARINES OR
		N	NAVY OR
		О	NOAA OR
		Z	NOT PROVIDED FROM DEERS
	AND HHC MEMBER CATEGORY CODE		
	MUST =	F	FORMER MEMBER OR
		Н	MEDAL OF HONOR RECIPIENT OR
		R	RETIRED MILITARY MEMBER ELIGIBLE FOR RETIRED PAY OR
		W	FORMER SPOUSE
	AND OTHER GOVERNMENT PROGRAM TYPE CODE MUST =	С	MEDICARE PART A & B
2-055-20F	• SHCP VOUCHERS (ADSM CLAIM	IS ON	LY)
	IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE OR
		6	VOUCHER HEADER ADMIN CLAIM RATE- ELIGIBLE
	AND ENROLLMENT/HEALTH PLAN CODE =	SN	SHCP - NON-MTF REFERRED OR
	<u> </u>	SO	SHCP - NON-TRICARE ELIGIBLE OR
		ST	SHCP - TRICARE ELIGIBLE OR
		SU	SHCP - REFERRAL DESIGNATION UNKNOWN
	OR ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	AN	SHCP - NON-REFERRED CARE OR
		CE	SHCP - COMPREHENSIVE CLINICAL EVALUATION PROGRAM OR
		SC	SHCP - NON-TRICARE ELIGIBLE OR
		SE	SHCP - TRICARE ELIGIBLE OR
		SM	SHCP - EMERGENCY

CHAPTER 2, SECTION 8.1

ELEMENT NA	AME: SERVICE BRANCH CLASSIFICA	TION C	CODE (SPONSOR) (2-055) (CONTINUED)
	AND TYPE OF SUBMISSION ≠	В	ADJUSTMENT TO NON-TED RECORD (HCSR DATA OR
		Е	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
	THEN SERVICE BRANCH		
	CLASSIFICATION CODE (SPONSOR) MUST =	A	ARMY OR
	(31 ON3OR) WO31 -	C	COAST GUARD OR
		F	AIR FORCE OR
		H	PUBLIC HEALTH SERVICE OR
		M	MARINES OR
		N	NAVY OR
		0	NOAA OR
		Z	NOT PROVIDED FROM DEERS
	AND HCC MEMBER CATEGORY CODE		1.011.01.22.11.01.12.22.0
	MUST =	A	ACTIVE DUTY OR
		G	NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR
		J	ACADEMY STUDENT OR
		N	NATIONAL GUARD (NOT ON ACTIVE DUT OR ON ACTIVE DUTY FOR 30 DAYS OR LESS OR
		S	RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR
		T	FOREIGN MILITARY MEMBER OR
		V	RESERVE MEMBER (NOT ON ACTIVE DUTY OR ON ACTIVE DUTY FOR 30 DAYS OR LESS
	AND HCC MEMBER RELATIONSHIP CODE		
	MUST =	A	SELF
2-055-21F	• TPR ADFM INTERIM		
	IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE OR
		6	VOUCHER HEADER ADMIN CLAIM RATE- ELIGIBLE
	AND ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	GF	TPR FOR ELIGIBLE ADFM RESIDING WITH . TPR ELIGIBLE ADSM
	AND TYPE OF SUBMISSION ≠	В	ADJUSTMENT TO NON-TED RECORD (HCSI DATA OR
		Е	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA

ELEMENT NAM	E: SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (2-055) (CONTINUED)				
	THEN SERVICE BRANCH				
	CLASSIFICATION CODE (SPONSOR) MUST =	٨	ARMY OR		
	(31 ONSOK) WOS1 =	A C	COAST GUARD OR		
		F	AIR FORCE OR		
		Н	PUBLIC HEALTH SERVICE OR		
		M	MARINES OR		
		N	NAVY OR		
		0	NOAA OR		
		Z	NOT PROVIDED FROM DEERS		
	AND HCC MEMBER CATEGORY CODE				
	MUST =	A	ACTIVE DUTY OR		
		G	NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR		
			MORE) OR		
		J	ACADEMY STUDENT OR		
		S	RESERVE MEMBER (MOBILIZED OR ON		
			ACTIVE DUTY FOR 31 DAYS OR MORE) OR		
	AND HCC MEMBER RELATIONSHIP CODE				
	MUST =	В	SPOUSE OR		
		С	CHILD OR STEPCHILD OR		
		D	PRE-ADOPTIVE CHILD OR		
		Е	WARD (COURT ORDERED)		
-055-22F	TFL [ACTIVE DUTY FAMILY ME	EMBER	R]		
	IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE OR		
		6	VOUCHER HEADER ADMIN CLAIM RATE- ELIGIBLE		
	AND ENROLLMENT/HEALTH				
	PLAN CODE =	FE	TFL - EXTRA OR		
		FS	TFL - STANDARD		
	OR ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	R	MEDICARE/TRICARE DUAL ENTITLEMENT FIRST PAYOR OR		
		T	MEDICARE/TRICARE DUAL ENTITLEMENT SECOND PAYOR OR		
		RS	MEDICARE/TRICARE DUAL ENTITLEMENT FIRST PAYOR NO TRICARE PROVIDER CERTIFICATION		
	AND HCC MEMBER CATEGORY CODE =	A	ACTIVE DUTY OR		
		G	NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR		

CHAPTER 2, SECTION 8.1

ELEMENT N	AME: SERVICE BRANCH CLASSIFICA	TION C	CODE (SPONSOR) (2-055) (CONTINUED)			
		J	ACADEMY STUDENT OR			
		N	NATIONAL GUARD (NOT ON ACTIVE DUT OR ON ACTIVE DUTY FOR 30 DAYS OR LES OR			
		S	RESERVE MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE) OR			
		T	FOREIGN MILITARY MEMBER OR			
		V	RESERVE MEMBER (NOT ON ACTIVE DUT OR ON ACTIVE DUTY FOR 30 DAYS OR LES			
	AND TYPE OF SUBMISSION ≠	В	ADJUSTMENT TO NON-TED RECORD (HCS DATA OR			
		Е	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA			
	THEN SERVICE BRANCH					
	CLASSIFICATION CODE					
	(SPONSOR) MUST =	A	ARMY OR			
		С	COAST GUARD OR			
		F	AIR FORCE OR			
		Н	PUBLIC HEALTH SERVICE OR			
		M	MARINES OR			
		N	NAVY OR			
		О	NOAA OR			
		Z	NOT PROVIDED FROM DEERS			
	AND HCC MEMBER RELATIONSHIP CODE MUST ≠	A	SELF			
	AND OTHER GOVERNMENT PROGRAM TYPE CODE MUST =	٨	MEDICARE PART A OR			
	WI031 -	A C	MEDICARE PART A & B			
			MEDICARE PART A & b			
2-055-25F	CONUS NON-FINANCIALLY UNDERWRITTEN BANK ACCOUNT VALIDATION					
	IF ANY OCCURRENCE OF OVERRIDE CODE =	H1	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER ASAP NUMBER, CONTRACTOR ERROR OR			
		H2	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER ASAP NUMBER, GOVERNMENT CAUSED ERROR			
	THEN BYPASS THIS EDIT					
	ELSE IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE OR			
		6	VOUCHER HEADER ADMIN CLAIM RATE- ELIGIBLE			

ELEMENT NAME: SERVICE	BRANCH CLASSIFICA	TION C	ODE (SPONSOR) (2-055) (CONTINUED)		
AND TYPE	OF SUBMISSION ≠	В	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR		
		E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA		
AND ANY	OCCURRENCE OF				
SPECIAL P.	ROCESSING CODE =	V	FINANCIALLY UNDERWRITTEN PAYMENT BY CLAIMS PROCESSOR		
ASAP A HEADE	BATCH/VOUCHER CCOUNT NUMBER R TYPE FOUND IN MA DATABASE				
MUST ≠	Ė		ARMY SHCP CLIN OR		
			AIR FORCE SHCP CLIN OR		
			NAVY SHCP CLIN OR		
			TRICARE DOMESTIC ASAP OR		
			TRICARE FOREIGN ASAP		
-055-28F • FOREIGN	ADFM				
IF CONTRACT	NUMBER =	MDA 9	06-02-C-0013 (TMOP) OR		
	MDA 906-03-C-0019 (TRRX)				
OR IF ANY OVERRIDE	OCCURRENCE OF CODE =	H1	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER ASAP NUMBER, CONTRACTOR ERROR OR		
		H2	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER ASAP NUMBER, GOVERNMENT CAUSED ERROR		
THEN I	BYPASS THIS EDIT				
ELSE IF HEAD INDICATOR =		5	NON-CLAIM RATE VOUCHER OR		
		6	CLAIM RATE VOUCHER		
	DLLMENT CODE/ LAN CODE =	XF	FOREIGN ADFM		
	OF SUBMISSION	_			
NOT =		В	ADJUSTMENT TO NON-TED RECORD OR		
		Е	COMPLETE CANCELLATION NON-TED RECORD		
	BATCH/VOUCHER A TMA DATABASE MU		COUNT NUMBER ASAP DESCRIPTION FOUND NICARE FOREIGN		
	O SERVICE BRANCH SSIFICATION CODE	A	ARMY OR		
MOS)1 -	C	COAST GUARD OR		
		F	AIR FORCE OR		
		H	PUBLIC HEALTH SERVICE OR		
		п	I ODLIC HEALTH SERVICE UK		

CHAPTER 2, SECTION 8.1

ELEMENT N	AME: SERVICE BRANCH CLASSIFICA	ATION C	ODE (SPONSOR) (2-055) (CONTINUED)		
		M	MARINES OR		
		N	NAVY OR		
		O	NOAA OR		
		Z	UNKNOWN		
	AND HCC MEMBER				
	CATEGORY CODE		A CTENTE DUTTY OR		
	MUST =	A	ACTIVE DUTY OR		
		G	NATIONAL GUARD > 30 DAYS OR		
		J	ACADEMY STUDENT OR		
		N	NATIONAL GUARD < 30 DAYS OR		
		S	RESERVE > 30 DAYS OR		
		T	FOREIGN MILITARY MEMBER OR		
		V	RESERVE < 30 DAYS		
	AND HCC MEMBER RELATIONSHIP CODE				
	RELATIONSHIP CODE MUST ≠	A	SELF		
2-055-29F	TPR FOREIGN EDITS (ADFM)				
	IF CONTRACT NUMBER =	MDA 9	06-02-C-0013 (TMOP) OR		
	ii cominate nember	MDA 906-03-C-0019 (TRRX)			
	OR IF ANY OCCURRENCE OF	WIDITY	00 00 C 0015 (11det)		
	OVERRIDE CODE =	H1	BENEFIT PAYMENT MADE USING		
			INCORRECT BATCH/VOUCHER ASAP		
			NUMBER, CONTRACTOR ERROR OR		
		H2	BENEFIT PAYMENT MADE USING		
			INCORRECT BATCH/VOUCHER ASAP NUMBER, GOVERNMENT CAUSED ERROR		
	THEN BYPASS THIS EDIT		IVENIDER, GOVERNIVIER TENEDED ERROR		
	ELSE IF HEADER TYPE				
	INDICATOR =	5	NON-CLAIM RATE VOUCHER OR		
		6	CLAIM RATE VOUCHER		
	AND ENROLLMENT CODE/				
	HEALTH PLAN CODE =	WO	TPR FOREIGN ADFM		
	AND TYPE OF SUBMISSION				
	NOT =	В	ADJUSTMENT TO NON-TED RECORD OR		
		E	COMPLETE CANCELLATION NON-TED RECORD		
	THEN BATCH/VOUCHER <i>A</i> IN THE TMA DATABASE M		COUNT NUMBER ASAP DESCRIPTION FOUN RICARE FOREIGN		
	AND SERVICE BRANCH CLASSIFICATION CODE				
	MUST =	A	ARMY OR		
		С	COAST GUARD OR		
		F	AIR FORCE OR		
		Н	PUBLIC HEALTH SERVICE OR		
		M	MARINES OR		

ELEMENT N	AME: SERVICE BRANCH CLASSIFICA	ATION C	CODE (SPONSOR) (2-055) (CONTINUED)
		N	NAVY OR
		O	NOAA OR
		Z	UNKNOWN
	AND HCC MEMBER		
	CATEGORY CODE MUST =	A	ACTIVE DUTY OR
		G	NATIONAL GUARD > 30 DAYS OR
		J	ACADEMY STUDENT OR
		S	RESERVE > 30 DAYS
	AND HCC MEMBER RELATIONSHIP CODE		
	MUST =	В	SPOUSE OR
		С	CHILD OR
		D	PRE-ADOPTIVE CHILD OR
		Е	WARD
2-055-30F	NAVY LINE OF DUTY CLAIMS	S	
	IF ANY OCCURRENCE OF OVERRIDE CODE =	H1	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER ASAP
		H2	NUMBER, CONTRACTOR ERROR OR BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER ASAP
			NUMBER, GOVERNMENT CAUSED ERROR
	THEN BYPASS THIS EDIT		
	ELSE IF HEADER TYPE INDICATOR =	5	NON-CLAIM RATE VOUCHER OR
		6	CLAIM RATE VOUCHER
	AND CONTRACT NUMBER =	MDA9	06-03-0010 (SOUTH)
	AND BATCH/VOUCHER ASAF	ACCOU	JNT NUMBER POSITION 8 = 5
	THEN SERVICE BRANCH CLASSIFICATION CODE		
	MUST =		NAVY OR
		Z	UNKNOWN
2-055-31F	MARINE LINE OF DUTY CLAI	MS	
	IF ANY OCCURRENCE OF OVERRIDE CODE =	H1	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER ASAP NUMBER, CONTRACTOR ERROR OR
		H2	BENEFIT PAYMENT MADE USING INCORRECT BATCH/VOUCHER ASAP NUMBER, GOVERNMENT CAUSED ERROR
	THEN BYPASS THIS EDIT		
	ELSE IF HEADER TYPE INDICATOR =	5	NON-CLAIM RATE VOUCHER OR
		6	CLAIM RATE VOUCHER
	AND CONTRACT NUMBER =	MDA9	

CHAPTER 2, SECTION 8.1

ELEMENT NAME:	SERVICE BRANCH CLASSIFICA	ATION C	CODE (SPONSOR) (2-055) (CONTINUED)
	AND BATCH/VOUCHER ASAP	ACCOU	JNT NUMBER POSITION 8 = 6
	THEN SERVICE BRANCH CLASSIFICATION CODE MUST =	М	MARINE OR
	MUSI =	IVI	
		Z	UNKNOWN

CHAPTER 2, SECTION 8.1

VOUCHER COST ALLOCATION EDIT REQUIREMENTS

ELEMENT NAME: AGR SERVICE LEGAL AUTHORITY CODE (2-056)

VALIDITY EDITS

REFER TO CHAPTER 2, SECTION 6.1

	REFER TO CHAPTER 2, SECTION 6.1		
	RELATIO	NAL E	DITS
2-056-01F	IF HEADER TYPE INDICATOR =	5	VOUCHER HEADER NON-ADMIN CLAIM RATE-ELIGIBLE OR
		6	VOUCHER HEADER ADMIN CLAIM RATE- ELIGIBLE
	AND HCC MEMBER CATEGORY CODE =	G	NATIONAL GUARD MEMBER (MOBILIZED OR ON ACTIVE DUTY FOR 31 DAYS OR MORE)
	AND TYPE OF SUBMISSION ≠	В	ADJUSTMENT NON-TED RECORD (HCSR) DATA OR
		Е	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
	THEN AGR SERVICE LEGAL AUTHORITY CODE		
	MUST =	A	AGR UNDER 10 U.S.C. 10301 (REFERENCE (B)) OR
		В	AGR UNDER 10 U.S.C. 10211 (REFERENCE (B)) OR
		С	AGR UNDER 10 U.S.C. 12301(D) (REFERENCE (B)) OR
		D	AGR UNDER 10 U.S.C. 12310 (REFERENCE (B)) OR
		Е	AGR UNDER 10 U.S.C. 12501 (REFERENCE (B)) OR
		F	AGR UNDER 10 U.S.C. 3015/301938019 (REFERENCE (B)) OR
		G	AGR UNDER 10 U.S.C. 3033/8033 (REFERENCE (B)) OR
		Н	AGR UNDER 10 U.S.C. 3496/8496 (REFERENCE (B)) OR
		I	AGR: 14 U.S.C. 276 OR
		J	AGR UNDER 32 U.S.C. 502(F) (REFERENCE (M)) OR
		K	AGR UNDER 32 U.S.C. 503 (REFERENCE (M)) OR
		L	AGR UNDER 32 U.S.C. 708 (REFERENCE (M)) OR
		Х	AGR: OTHER OR
		Z	UNKNOWN/NOT APPLICABLE

CHAPTER 2, SECTION 8.1

	REFER TO CHAPTER 2, SECTION 5.	2	
	Relati	ONAL E	DITS
2-108-02F	NO DUPLICATE CLINS ON TE	D REC	ORD
	IF HEADER TYPE INDICATOR =	6	VOUCHER HEADER (USED ONLY FOR INSTITUTIONAL/NON-INSTITUTIONAL NON-FINANCIALLY UNDERWRITTEN ADMIN CLAIM RATE ELIGIBLE TED RECORDS) OR
		9	BATCH HEADER (INSTITUTIONAL/NON- INSTITUTIONAL FINANCIALLY UNDERWRITTEN ADMIN CLAIM RATE ELIGIBLE TED RECORDS)
		RRENC	ISTRATIVE CLIN (POSITIONS 3-6) MUST HAV ES (DUPLICATE BLANK ADMINISTRATIVE
2-108-11F	NO BASE ADMINISTRATIVE I	PAYME	NT FOR DENIAL OF SERVICES
	IF HEADER TYPE INDICATOR =	6	VOUCHER HEADER (USED ONLY FOR INSTITUTIONAL/NON-INSTITUTIONAL NON-FINANCIALLY UNDERWRITTEN ADMIN CLAIM RATE ELIGIBLE TED RECORDS) OR
		9	BATCH HEADER (INSTITUTIONAL/NON- INSTITUTIONAL FINANCIALLY UNDERWRITTEN ADMIN CLAIM RATE ELIGIBLE TED RECORDS)
	AND CONTRACT NUMBER = M	DA906-	-02-C-0002 (TMOP)
	AND TYPE OF SUBMISSION =	D	COMPLETE DENIAL
	THEN RATE TYPE FOR CLIN IN THE TMA DATABASE MUST ≠		DISPENSING FEE
	Difficultives west +		DICT ENGING TEE
2-108-16F	OPTION PERIOD		
	IF HEADER TYPE INDICATOR =	6	CLAIM RATE VOUCHER OR
		9	CLAIM RATE BATCH
	AND CLIN FIELD ON TED RECO	ORD N (OT = BLANK
	AND NET MASTER VALUE OF	DERIVE	D ADMIN CLAIM COUNT FIELD = 0
	AND TYPE OF SUBMISSION =	A	ADJUSTMENT
	THEN THE CLIN MUST BE V FOR THAT CLIN ON THE TM		N THE CURRENT OR PRIOR OPTION PERIOD

CHAPTER 2, SECTION 8.1

VOUCHER COST ALLOCATION EDIT REQUIREMENTS

		THE C	CURRENT OPTION PERIOD FOR THAT CLIN ON		
	THE TMA DATABASE.				
-108-17F	CLIN MATCHES APPROPRIATION	T NC	YPE		
	IF HEADER TYPE INDICATOR =	6	CLAIM RATE VOUCHER OR		
		9	CLAIM RATE BATCH		
	AND CLIN FIELD ON TED RECORD NOT = BLANK				
	AND NET MASTER VALUE OF DI	ERIVE	D ADMIN CLAIM COUNT FIELD = 0		
	AND TYPE OF SUBMISSION =	A	ADJUSTMENT		
	THEN IF THE CLIN IS VALID I THE TMA DATABASE	FOR T	THE CURRENT OR PRIOR OPTION PERIOD IN		
	ON THE TED RECORD MUST I	MATC	O WITH THE ADMINISTRATIVE CLIN CLAIMED CH THE APPROPRIATION ASSOCIATED WITH MBER ASSIGNED BY TMA/CRM AND USED IN		
	ELSE IF THE CLIN IS VALID FOR THI DATABASE	E CUF	RRENT OPTION PERIOD IN THE TMA		
	THE TED RECORD MUST MATCH TH	IE AP	H THE ADMINISTRATIVE CLIN CLAIMED ON PROPRIATION ASSOCIATED WITH THE INED BY TMA/CRM AND USED IN THE		
-108-18F	CLIN vs. CLAIM FORM TYPE				
	IF HEADER TYPE INDICATOR =	6	CLAIM RATE VOUCHER OR		
		9	CLAIM RATE BATCH		
	AND CLIN FIELD ON TED RECORD NOT = BLANK				
	AND NET MASTER VALUE OF DERIVED ADMIN CLAIM COUNT FIELD = 0				
	AND TYPE OF SUBMISSION =	A	ADJUSTMENT		
	THEN IF THE CLIN IS VALID I THE TMA DATABASE	FOR T	HE CURRENT OR PRIOR OPTION PERIOD IN		
	THEN THE RATE TYPE FOR				
	THAT CLIN IN THE TMA DATABASE MUST =		CINCLE OR		
	DATABASE MUST =		SINGLE OR		
	OR IF THE DATE TARE FOR THAT	CLD	DISPENSING FEE		
		CLIN	N IN THE TMA DATABASE = ELECTRONIC		
	THEN THE CLAIM FORM TYPE/EMC INDICATOR ON				
	THE TED RECORD MUST =	G	ELECTRONIC INSTITUTIONAL CLAIM SUBMISSION OR		
		Н	ELECTRONIC NON-INSTITUTIONAL CLAIM SUBMISSION OR		
		I	ELECTRONIC DRUG CLAIM SUBMISSION		
	OR IF RATE TYPE FOR THAT CLIN IN THE TMA				
	DATABASE =		PAPER		

ADMINISTRATIVE CLIN EDIT FAILURES ARE NOT COUNTED AGAINST THE CONTRACTORS PERFORMANCE STANDARDS. THE EDITS ARE DESIGNED TO INFORM THE CONTRACTORS WHEN REQUEST FOR AN ADMINISTRATIVE PAYMENT HAS BEEN DENIED BY TMA, CRM AND HOW TO CORRECT THE ERROR.

CHAPTER 2, SECTION 8.1

THEN THE CLAIM FORM		
TYPE/EMC INDICATOR ON		
THE TED RECORD MUST =	В	DD FORM 2642 OR
	С	HCFA FORM 1500 OR
	F	UB 92 OR
	J	OTHER
OR IF RATE TYPE FOR THAT		
CLIN IN THE TMA DATABASE =		FOREIGN
	ER OF	THE FILING STATE/COUNTRY CODE ON TI
TED MUST NOT = A SPACE.	211 01	
ELSE IF THE CLIN IS VALID FOR TH DATABASE	E CUR	RENT OPTION PERIOD IN THE TMA
THEN THE RATE TYPE FOR		
THAT CLIN IN THE TMA DATABASE MUST =		SINGLE OR
DATADASE WIUST =		DISPENSING FEE
OR IF THE RATE TYPE FOR		DISTENSING FEE
THAT CLIN IN THE TMA		
DATABASE =		ELECTRONIC
THEN THE CLAIM		
FORM TYPE/EMC INDICATOR ON THE		
TED RECORD MUST =	G	ELECTRONIC INSTITUTIONAL CLAIM SUBMISSION OR
	Н	ELECTRONIC NON-INSTITUTIONAL CLAI SUBMISSION OR
	I	ELECTRONIC DRUG CLAIM SUBMISSION
OR IF RATE TYPE FOR		
THAT CLIN IN THE TMA DATABASE =		PAPER
THEN THE CLAIM		IALER
FORM TYPE/EMC		
INDICATOR ON THE	_	DD F0D / 4 / 4 ==
TED RECORD MUST =	В	DD FORM 2642 OR
	C	HCFA FORM 1500 OR
	F	UB 92 OR
	J	OTHER
OR IF RATE TYPE FOR THAT CLIN IN THE TMA		
DATABASE =		FOREIGN
THEN THE THIRD CHARACTER TED MUST NOT = A SPACE.	OF TH	E FILING STATE/COUNTRY CODE ON THE
ADMINISTRATIVE CLIN EDIT FAILURES ARE NO	OT CO	UNTED AGAINST THE CONTRACTORS
		NED TO INFORM THE CONTRACTORS WHI

CHAPTER 2, SECTION 8.1

VOUCHER COST ALLOCATION EDIT REQUIREMENTS

2-108-19F	ONLY ONE BASE ADMINISTRATIVE PAYMENT PER EPISODE OF CARE				
	IF CONTRACT NUMBER =	MDA9	06-02-C-0002 (TMOP) OR		
		MDA9	06-03-C-0019 (TRRx)		
	AND HEADER TYPE INDICATOR =	9	CLAIM RATE ELIGIBLE BATCH		
	AND CLIN NOT = $BLANK$				
	THEN RATE TYPE FOR THAT CLIN IN THE TMA DATABASE MUST NOT =		DISPENSING FEE OR		
			ELECTRONIC OR		
			PAPER		
2-108-20F	ONLY ONE BASE ADMINISTRATIVE PAYMENT PER EPISODE OF CARE				
	IF CONTRACT NUMBER =	MDA9	06-02-C-0002 (TMOP) OR		
		MDA9	06-03-C-0019 (TRRx)		
	AND HEADER TYPE INDICATOR =	6	CLAIM RATE ELIGIBLE VOUCHER		
	THEN RATE TYPE FOR TH. RATE	AT CLIN	IN THE TMA DATABASE MUST NOT = SINGLE		

ADMINISTRATIVE CLIN EDIT FAILURES ARE NOT COUNTED AGAINST THE CONTRACTORS PERFORMANCE STANDARDS. THE EDITS ARE DESIGNED TO INFORM THE CONTRACTORS WHEN REQUEST FOR AN ADMINISTRATIVE PAYMENT HAS BEEN DENIED BY TMA, CRM AND HOW TO CORRECT THE ERROR.

CHAPTER 2, SECTION 8.1

VOUCHER COST ALLOCATION EDIT REQUIREMENTS

ELEIVIEI I I	AME: AMOUNT INTEREST PAYMEN			
	\	VALIDITY ED	ITS	
	REFER TO CHAPTER 2, SECTIO	N 2.4.		
	Re	LATIONAL E	DITS	
2-112-01F • INTEREST VALIDATION ON PHARMACY BATCHES				
	IF CONTRACT NUMBER =	MDA9	06-02-C-0002 (TMOP) OR	
		MDA9	06-03-C-0019 (TRRx)	
	AND HEADER TYPE INDICATOR =	0	NON-CLAIM RATE BATCH OR	
		9	CLAIM RATE BATCH	
	THEN AMOUNT INTERI	EST PAYME	NT MUST = ZERO	
ELEMENT N	AME: AMOUNT PATIENT COST-SH	IARE (2-20	0)	
	1	VALIDITY ED	ITS	
	REFER TO CHAPTER 2, SECTIO	N 2.4.		
	Re	LATIONAL E	DITS	
2-200-01F	COST-SHARE VALIDATIO	N ON PHA	RMACY BATCHES	

THEN AMOUNT PATIENT COST-SHARE MUST = ZERO

MDA906-02-C-0002 (TMOP) **OR** MDA906-03-C-0019 (TRRx)

NON-CLAIM RATE BATCH OR

CLAIM RATE BATCH

IF CONTRACT NUMBER =

AND HEADER TYPE INDICATOR =